

ROADLINE TRUCKING LTD

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____ 2018

Position(s) Applied for _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street / Apt. # City

Province / State

Postal Code / Zip

Phone Number

ADDRESS _____ How Long? _____
FOR Street / Apt. # City PC/Zip

PAST 3 _____ How Long? _____
YEARS Street/ Apt. # City PC/Zip

Date of Birth ____ / ____ / ____ Can you provide proof of age ____ YES ____ NO Are you a U.S. Citizen ____ YES ____ NO
Mth Day Yr

In case of emergency notify _____
Name Address Phone

Have you worked for this company before? ____ YES ____ NO Where? _____

Dates: From ____ / ____ To ____ / ____ Rate of Pay \$ _____ Position _____
Mth Yr Mth Yr

Reason for Leaving _____

Are you now employed? ____ YES ____ NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

NOTICE: A DRUG TEST IS A PART OF OUR PRE-EMPLOYMENT PHYSICAL

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? ____ YES ____ NO Ever injured on the job? ____ YES ____ NO

Give nature & degree of such injuries _____

How much time lost from work in past three years for illness? _____

Would you be willing to take a physical examination? ____ YES ____ NO

EMPLOYMENT HISTORY

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All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 10 years information on those employers for whom the applicant operated such vehicle.

LAST EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

SECOND EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

THIRD EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
 ADDRESS: _____ PHONE _____
 POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			

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NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IF NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY

EXPERIENCE & QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF ML/KM (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE & QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

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List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

_____ 2018 _____
 Date Applicants Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Police/Traffic Rcd						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED ____/____/____ DEPT. RELEASED FROM _____
 DISMISSED YES ____ NO ____ VOLUNTARILY QUIT YES ____ NO ____ OTHER _____
 TERMINATION REPORT PLACED IN FILE YES ____ NO ____ SUPERVISOR _____

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Discipline Policy as of JULY 01-2015

The company discipline policy as set down on the 1st of July 2015 allows for training purposes as follows.

Prior to any documented warnings the company will allow 2 training sessions to be conducted by the company Safety Officer.

Following the training sessions the company will implement,

2 LETTERS OF EXPECTATIONS regarding safety and compliance issues, log book violations, traffic offences or inspection failures.

Failure to comply after training and letters of expectations the company will continue with the 5 step policy as defined.

1. First, verbal documented warning.
2. Second, written documented warning.
3. Third, three day suspension.
4. Fourth, one week suspension.
5. Termination.

Signature of O/O or Company Driver

Date

OPERATIONS POLICY/SAFETY MANUAL
OWNER/OPERATOR AND COMPANY DRIVER
ACKNOWLEDGEMENT AND RECEIPT

**As a driver of ROADLINE TRUCKING LTD
you are responsible to:**

- know where the registration and inspection papers are for the truck you drive
 - complete a trip inspection report before operating your truck each day
 - keep logbooks up-to-date, completely filled out, and easy to read
 - turn in trip inspection reports and logs with your paperwork after each trip
 - immediately report any truck defects to the mechanic
 - ensure the truck's brakes are always properly adjusted
 - drive courteously and responsibly within the speed limits at all times
 - understand that it is dangerous to drive when tired
 - comply with all Hours of Service Regulations
 - call dispatch several times each day, so we know how you are doing
 - always call several hours before your scheduled appointment time if there is a possibility of being late
 - immediately report any accidents, convictions, or violations to dispatch
 - turn in a copy of each Violation ticket, Notice and Order, and roadside inspection reports with your paperwork after your trip
 - report any suspensions you receive
 - **understand that using alcohol or drugs is not acceptable at any time when operating our trucks. Any infraction of this nature while employed by Generic Transport Inc. will result in your immediate termination for cause.**
 - carry only authorized passengers
- understand *Roadline Trucking Ltd. responsibilities and requirements.*
- disciplinary policy
 - report any change in your driving status to the company immediately

By signing below, I hereby acknowledge receipt of the Company Operations/Safety Manual. I also acknowledge that I am required to read and make myself aware of all the Policies and Procedures contained in this manual. I also agree to follow all the Company Policies as outlined in this manual. Failure to do so may result in my termination from the Company.

Signature of Owner/Operator

Signature of Company Driver

Witness

Date